Maryland Department of Health and Mental Hygiene (DHMH) Behavioral Health Administration (BHA) Request for Expression of Interest (REOI)

Procurement ID #: BHA 16-049

Issue Date: May 6, 2016

Title: Ambulatory Outpatient Substance Use Services

Requesting Agencies: Department of Health and Mental Hygiene

Behavioral Health Administration 55 Wade Avenue, Dix Building

Catonsville, MD 21228

REOI Due Date: Tuesday, May 31, 2016 by 4:00 PM EDT

Point of Contact: Fiona Ewan, Chief

Behavioral Health Administration Office of Finance and Procurement

fiona.ewan@maryland.gov

(410) 402-8435

Statement of Need

The purpose of this Request for Expression of Interest (REOI) is to identify vendors capable of providing ambulatory substance use services in various jurisdictions within the State of Maryland. This includes Assessment, Level 1 Outpatient Services, Level 1 Opioid Treatment Program (OTP), Level 1 and Level 2.1 Withdrawal, and Level 2.1 Intensive Outpatient Services as described within the *American Society of Addiction Medicine (ASAM) Criteria* (Mee-Lee, D. et al., 2013). These substance use disorder (SUD) services are being sought in nine counties: Calvert, Caroline, Cecil, Frederick, Howard, Kent, Queen Anne's, Somerset, and Talbot counties. However, there may also be opportunities to provide additional services in other jurisdictions based upon future needs.

DHMH/BHA is interested in obtaining information regarding potential vendors' interest and successes with providing the aforementioned services within an integrated system of care to Medicaid eligible and uninsured individuals who have a substance related disorder or co-occurring mental health and substance related disorders.

Description of the Behavioral Health Administration

The Department of Health and Hygiene, Behavioral Health Administration's mission is through publicly-funded services and supports to promote recovery, resiliency, health and wellness for individuals who have, or are at risk for, emotional, substance-related, addictive, and/or psychiatric disorders. BHA operates five state psychiatric hospitals and two residential treatment facilities for child and adolescents. The BHA FY'17 budget is \$639 million and is comprised of general, special, federal, and reimbursable funds. In addition, \$1.04 billion is allocated to support Medicaid-eligible services provided to individuals with mental health and substance use disorders and services not covered by Medicaid to Medicaid eligible individuals. Through the Public Behavioral Health System (PBHS), 180,265 individuals were served from January – June 2015. Of this number, 50,145 had a substance-related disorder. The types of services offered within the system of care include outpatient mental health services and substance use services, intensive outpatient substance use services, partial hospitalization, lab services, health homes, care coordination, targeted case management, recovery housing and supports, residential treatment, withdrawal management, medication assisted treatment, psychiatric and residential rehabilitation services, mobile treatment, assertive community treatment, crisis services, a range of evidence-based practices, and other specialized programs.

BHA provides state and federal grants to the local Core Service Agencies (CSAs) and the Local Addiction Authorities (LAAs) to develop, manage and monitor a provider network that meets the needs of their community. A significant number of the 24 jurisdictions are currently providing some direct services. However, the nine jurisdictions listed above have indicated that they will provide either a limited number of services or no services once funding is transferred to the feefor service system. This Request for Expression of Interest is being issued to identify potential providers interested in offering services within the ASAM continuum of care within these geographical locations.

Background

In 2011, the State legislature requested that the Department of Health and Mental Hygiene (DHMH) create a plan to integrate its mental health and substance use disorder treatment system. As a part of this process, it was decided that grant funds currently provided by DHMH's Behavioral Health Administration (BHA) to local health departments to provide ambulatory substance use services for the uninsured would be transferred to the ASO and managed through a fee-for-service (FFS) reimbursement system. The Secretary of Health, Van T. Mitchell informed the Local Health Officers in January 2016 that this transfer will occur in January 2017.

Once funds are transferred to the fee-for-service system, Beacon Health Options, Maryland's administrative services organization (ASO) will determine eligibility, medical necessity, issue authorizations, process and pay claims for both Medicaid-eligible beneficiaries and uninsured individuals who receive ambulatory substance-related disorder services. Reimbursement for services provided to the uninsured will be at the same rate as the Medicaid reimbursement rate.

Information Request

DHMH/BHA is seeking information to determine vendors' interest, capacity to expand, and expertise in providing clinically appropriate ambulatory substance use services. Vendors with the ability to provide services to individuals with co-occurring substance related and mental health disorders are highly desired. Although there may also be a need for expansion in other areas of the state, DHMH/BHA's priority focus for expansion activities is within the following nine jurisdictions: Calvert, Caroline, Cecil, Frederick, Howard, Kent, Queen Anne's, Somerset, and Talbot Counties.

The estimated numbers of individuals 15 years of age and older and below 400% of the Federal Poverty Level with a dependence on or abuse of illicit drugs or alcohol within the past year in the jurisdictions that are the focus of this Request for Expression of Interest are reflected on the chart below. These data are derived from an analysis of data from the State of Maryland Automated Tracking (SMART) System and the 2011-2013 National Survey on Drug Use and Health (NSDUH).

Table 1. Estimated Need for Substance Use Disorder Services In the Jurisdictions of Focus

Jurisdiction (Counties)	Eligible Population (Estimated number of residents over 15 years and below 400% of Federal Poverty Level)	Number of Residents with Dependence on or Abuse of Illicit Drugs or Alcohol within the Past Year	Met Need (Number of Individuals that Received Publicly- funded Services)	Unmet Need
Calvert	28,897	2,459	2,230	229
Caroline	18,200	1,441	843	598
Cecil	45,385	3,595	3,729	
Frederick	81,611	6,406	3,394	3,012
Kent	10,409	824	1,014	
Howard	73,669	5,422	2,336	3,086
Queen Anne's	16,508	1,307	987	320
Somerset	16,720	1,423	1,351	72
Talbot	18,100	1,434	1,081	353

Vendors who are interested in providing ambulatory substance use services should supply as much information to assist DHMH/BHA to determine its ability to provide service. This includes a description of agency's experience as a substance use disorder and/or mental health service provider in Maryland and/or other states, knowledge of best practices that produce positive outcomes, and experience billing health insurance for service reimbursement.

Vendors who identify themselves as capable of providing such services should know that of particular concern to DHMH/BHA are the following:

- Strong relationship with federal, state, and local partners;
- Knowledge and demonstrated success with providing substance use services to Medicaid and uninsured individuals;
- Eligibility to become accredited or history of meeting accreditation standards;
- Compliance with federal and state confidentiality requirements, including HIPAA and 42 CFR, part 2;
- Some jurisdictional knowledge and understanding of the needs of the community; and
- Knowledge of American Society of Addiction Medicine (ASAM) Criteria.

Interested prospective vendors should submit the following information in response to this REOI:

- 1. A narrative no more than ten (10) type written pages describing interest, expertise and abilities to provide ambulatory substance-related services to individuals across the life span who are Medicaid eligible or uninsured. The narrative should include:
 - A description of the specific services within the ASAM Levels of Care your agency is capable of providing to individuals with substance related and/or co-occurring disorders (substance use and mental health). Please note that Somerset County is interested in a provider that can offer assessment, Level 1 and intensive outpatient treatment;
 - Jurisdictions your agency are interested in serving;
 - Your agency's experience providing substance related and/or co-occurring services;
 - Medicaid status/Federal Medicare Status;
 - A description of the specific population(s) to be served, i.e., children 0-17, adults 0-64, older adults 65 or above; individuals with substance related disorders; individuals with co-occurring substance related and mental health disorders;
 - An estimate of the number of persons to be served within each of the jurisdictions of interest;

- Experience in improving recovery outcomes for individuals with substance related disorders who may be homeless, involved in the criminal justice system or be unemployed;
- Current accreditation status or plan to become accredited for the ambulatory services of interest by level of care; and a
- Timeline and plan for the start-up and implementation of services.
- 2. Provide a brief description of the agency's experience working within the Maryland public behavioral health system.
- 3. In order to determine if it will be fiscally feasible for local jurisdictions to outsource services to your organization, please provide a plan for start-up and implementation of services, including a six-month cost estimate. This estimate is only for comparison and planning purposes, <u>not a bid</u>. Also, please briefly describe your agency's experience working within a fee-for-service environment.

Instructions for Submitting Responses

Information submitted will not be evaluated for bidding purposes and vendors should not submit detailed technical or financial proposals. Vendors responding to this REOI will not be precluded from responding to any subsequent solicitation.

Respondents to this REOI should limit their submissions to 10 pages or less, excluding any brochures, booklets, or other materials illustrating the submitter's products, services or experience. All proprietary material should be clearly identified as such by the agency or organization responding to this REOI.

All questions may be submitted electronically by 4:00 PM EDT on May 13, 2016 to: fiona.ewan@maryland.gov

Subject: Ambulatory Outpatient Substance Use Services Questions Responses to questions will be available on eMaryland Martketplace, Provider Alert, and BHA Website.

Questions will not be accepted or answered verbally – neither in person nor over the telephone. All questions received will be answered unless they are deemed not to be related to the requirements of the REOI.

Responses are to be submitted electronically by 4:00 PM EDT on May 31, 2016 to: fiona.ewan@maryland.gov

Subject: Ambulatory Outpatient Substance Use Services Response